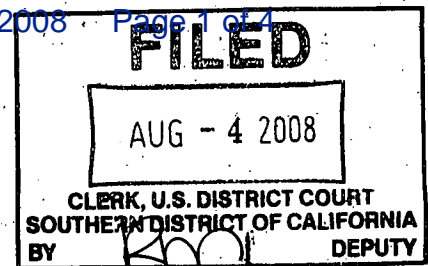


**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA**



**CURTIS LEROY FREEMAN,**

Petitioner

vs.

**APPLICATION TO PROCEED  
IN FORMA PAUPERIS  
BY A PRISONER**

**MULE CREEK STATE PRISON  
(Warden)**

Respondent(s)

**CASE NUMBER 08 CV 1421 J RBB**

I, Curtis Leroy Freeman, declare that I am the petitioner in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the petition.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated: ☒ Yes ☐ No (If "No" DO NOT USE THIS FORM)

If "Yes" state the place of your incarceration. Mule Creek State Prison, State of California

**Have the institution fill out the Certificate portion of this application.**

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your pay.

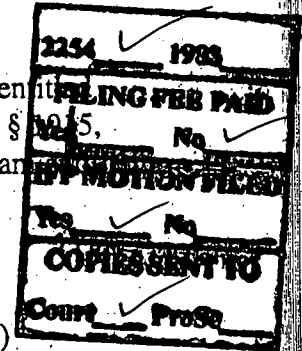
b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer. I am disabled

3. In the past twelve months have you received any money from any of the following sources?

- |                                                   |                                         |                                        |
|---------------------------------------------------|-----------------------------------------|----------------------------------------|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

If the answer to any of the above is "Yes" describe by that item each source of money and state the amount received and what you expect you will continue to receive. Please attach an additional sheet if necessary.

I make 40 cents each hour working in the prison sowing shop.  
ifpform.hab (rev. 7/02)



4. Do you have cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount: \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value. \_\_\_\_\_

6. Do you have any other assets? ☐ Yes ☒ No

If "Yes" list the asset(s) and state the value of each asset listed.

7. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. Nobody depends on me for support

I declare under penalty of perjury that the above information is true and correct.

July , 2008

DATE

SIGNATURE OF APPLICANT

### CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$\_\_\_\_\_ on account to his/her credit at

\_\_\_\_\_ (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$\_\_\_\_\_. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$\_\_\_\_\_.

DATE

SIGNATURE OF AUTHORIZED OFFICER

FOR THE PERIOD: JAN. 01, 2008 THRU JUL. 22, 2008

ACCOUNT NUMBER : V94399  
 ACCOUNT NAME : FREEMAN, CURT LEROY  
 BED/CELL NUMBER: A 0100000000104L  
 ACCOUNT TYPE: 1

PRIVILEGE GROUP: A

## TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	01/01/2008		BEGINNING BALANCE					8.52
14	01/07	VD50	INMATE-PAYROL DEC			24.42		18.52
15	01/10	US34	MEDICAL CHARG BACK			25.37		7.77
16	02/05	VD50	INMATE-PAYROL JAN			28.26		26.49
17	02/14	W415	CASH WITHDRAWAL FIRES			29.95		25.49
18	02/19	FC01	DRAW-FAC 1			30.30		0.49
19	03/05	VD50	INMATE-PAYROL FEB			31.65		17.50
20	03/10	FR01	CANTEEN RETUR			703228		34.65
21	04/08	FC01	DRAW-FAC 1			AV1ST 3647		0.65
22	05/05	VD50	INMATE-PAYROL APRIL			40.20		12.80
23	05/07	W516	LEGAL COPY CH			0412 4070		11.60
24	05/19	FC01	DRAW-FAC 1			AYD/3 4290		0.60
25	05/23	US34	MEDICAL CHARG KNEE			43.62		0.00
26	06/03	VD50	INMATE-PAYROL MAY			44.73		16.74
27	06/18	VD50	REST OVERPMT			46.57		358.93
28	06/18	VD50	REST OVERPMT			46.57		393.14
29	06/18	VD50	REST OVERPMT			46.57		50.95
30	06/18	VD50	REST OVERPMT			46.57		16.74
31	06/18	VD50	REST OVERPMT			46.57		0.74
32	06/23	FC01	DRAW-FAC 1			AYD/3 4707		16.74
33	06/27	FR01	CANTEEN RETUR			704768		16.74
34	07/02	VD50	INMATE-PAYROL JUN			0039		36.27
35	07/21	FC01	DRAW-FAC 1			AYD/3 0280		0.27

## \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 08/26/05  
 COUNTY CODE: \*RIV  
 CASE NUMBER: \*SWF009268  
 FINE AMOUNT: \$ 50,000.00

DATE	TRANS	DESCRIPTION	TRANS AMT	BALANCE
01/01/2008		BEGINNING BALANCE		49,740.72



THE WITHIN INSTRUMENT IS A CORRECT  
 COPY OF THE TRUST ACCOUNT MAINTAINED  
 BY THIS OFFICE.  
 ATTEST:  
 BY *Blairman*  
 CALIFORNIA DEPARTMENT OF CORRECTIONS  
 TRUST OFFICE

ACCT: V94399 ACCT NAME: FREEMAN, CURT LEROY ACCT TYPE: I

## \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 08/26/05 CASE NUMBER: \*SMF009268  
 COUNTY CODE: \*RIV FINE AMOUNT: \$ 50,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
01/07/08	VR50	RESTITUTION DEDUCTION-INDUSTRY	11.11	49,729.61
02/05/08	VR50	RESTITUTION DEDUCTION-INDUSTRY	20.80	49,708.81
03/05/08	VR50	RESTITUTION DEDUCTION-INDUSTRY	18.90	49,689.91
05/05/08	VR50	RESTITUTION DEDUCTION-INDUSTRY	13.50	49,676.41
06/03/08	VR50	RESTITUTION DEDUCTION-INDUSTRY	18.60	49,657.81
06/18/08	VORI	REST OVERPMT ONLY	342.19	50,000.00

## \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 08/26/05 CASE NUMBER: SMF009268  
 COUNTY CODE: RIV FINE AMOUNT: \$ 1,400.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
01/01/2008		BEGINNING BALANCE		1,392.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
06/18/08	VORI	REV. REST OVERPMT ONLY	342.19	1,049.81
07/02/08	VR50	RESTITUTION DEDUCTION-INDUSTRY	21.70	1,028.11

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*  
 \* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. \*

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
8.52	94.15	102.40	0.27	0.00	0.00

CURRENT AVAILABLE BALANCE

0.27



THE WITHIN INSTRUMENT IS A CORRECT  
 COPY OF THE TRUST ACCOUNT MAINTAINED  
 BY THIS OFFICE  
 ATTEST:  
 CALIFORNIA DEPARTMENT OF CORRECTIONS